EU148520793US

PTO/SB/05 (08-03)

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

sporte to a conconon of intom	nation unless it displays a valid OND control number
Attorney Docket No.	
First Inventor	Roger Bennison
Title	Clinical Lab QC Randomize
Express Mail Label No.	

	Express Wall Laber No.					
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450					
1. Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) Applicant claims small entity status. See 37 CFR 1.27. 3. Specification [Total Pages 7] [preferred arrangement set forth below]	7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF)					
 Descriptive title of the invention Cross Reference to Related Applications Statement Regarding Fed sponsored R & D Reference to sequence listing, a table, or a computer program listing appendix Background of the Invention Brief Summary of the Invention 	b. Specification Sequence Listing on: i. CD-ROM or CD-R (2 copies); or ii. Paper					
- Brief Description of the Drawings (if filed)	c. Statements verifying identity of above copies					
- Detailed Description	ACCOMPANYING APPLICATION PARTS					
- Claim(s) - Abstract of the Disclosure	ACCOMPANTING AFFEIGATION PARTS					
4. Drawing(s) (35 U.S.C. 113) [Total Sheets] 5. Oath or Declaration [Total Sheets]	9. Assignment Papers (cover sheet & document(s)) 10. 37 CFR 3.73(b) Statement Power of (when there is an assignee) Attorney					
a. Newly executed (original or copy)	11. English Translation Document (if applicable) 12. Information Disclosure Copies of IDS					
b. Copy from a prior application (37 CFR 1.63(d))	Statement (IDS)/PTO-1449 Citations					
(for continuation/divisional with Box 18 completed)	13. Preliminary Amendment 14. Return Receipt Postcard (MPEP 503)					
	(Should be specifically itemized)					
i. DELETION OF INVENTOR(S)	15. Certified Copy of Priority Document(s)					
Signed statement attached deleting inventor(s) name in the prior application, see 37 CFR	(if foreign priority is claimed)					
1.63(d)(2) and 1.33(b).	16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35					
6. ✓ Application Data Sheet. See 37 CFR 1.76	or its equivalent.					
O. Philipation Data Street. See 37 OFK 1.70	17. Other:					
18. If a CONTINUING APPLICATION, check appropriate box, and supp						
specification following the title, or in an Application Data Sheet under 37 CFR 1.76:						
Continuation Divisional Continuat	ion-in-part (CIP) of prior application No.:					
October 18 to 18 t	A 4 11-2-					
Prior application information: Examiner For CONTINUATION OF DIVISIONAL APPS only; The entire disclosure of the	Art Unit:					
5b, is considered a part of the disclosure of the accompanying continuation	or divisional application and is hereby incorporated by reference.					
The incorporation can only be relied upon when a portion has been inadvert						
19. CORRESPOND	DENCE ADDRESS					
Customer Number: 34987	OR Correspondence address below					
Name						
Address						
	State Zip Code					
Country	lephone Fax					
Nome (Drint/Tune)	Parishedian No. (Attampted 2009)					
Name (Print/Type) Roger Bennison	Registration No. (Attorney/Agent)					
Signature Roder Bennison	Date 11/12/2003					

This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



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PTO/SB/17 (10-03)

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FEE TRANSMITTAL for FY 2004 Effective 10/01/2003. Patent fees are subject to annual revision. Application Number Filling Date First Named Inventor Examiner Name Art Unit Attempts Decket No.

TOTAL AMOUNT OF PAYMENT (\$) 385.			Attorn	ey Do	cket N	lo.		<i>_</i>
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
Check Credit card Money Other None			3. ADDITIONAL FEES					
Order U			Large Entity , Small Entity					
Deposit Account:		Fee	Fee		Fee	Fe	e Description	
Deposit Account		Code			(\$)			Fee Paid
Number		1051	130	2051		•	ate filing fee or oath	<u> </u>
Deposit Account		1052	50	2052	25	Surcharge - I cover sheet	ate provisional filing fee or	
Name The Director is authorized to: (check all that apply)			130	1053	130	Non-English	specification	├
Charge fee(s) indicated below Credit any overpayments		1812	2,520	1812 2	2,520	For filing a re	quest for ex parte reexamination	├
Charge any additional fee(s) or any underpayment of fee(s)		1804	920*	1804	920*	Requesting p	publication of SIR prior to tion	
Charge fee(s) indicated below, except for the filing fee		1805	1,840*	1805	1,840*	Requesting p	publication of SIR after	
to the above-identified deposit account.			•			Examiner ac	tion	┝╼┪
FEE CALCULATION		1251	110	2251	55		r reply within first month	
1. BASIC FILING FEE		1252	420	2252	210	Extension fo	r reply within second month	
Large Entity Small Entity		1253	950	2253	475	Extension fo	r reply within third month	├ ──-{
Fee Fee Fee Fee Fee Description Code (\$)	Fee Paid	1254	1,480	2254	740	Extension fo	r reply within fourth month	<u>├</u>
1001 770 2001 385 Utility filing fee	385	1255	2,010	2255	1,005	Extension fo	r reply within fifth month	<u> </u>
1002 340 2002 170 Design filing fee	العقدا	1401	3 30	2401	1 6 5	Notice of Ap	peal	<u> </u>
1003 530 2003 265 Plant filing fee		1402	330	2402	1 6 5	Filing a brief	in support of an appeal	
1004 770 2004 385 Reissue filing fee		1403	290	2403	145	Request for	oral hearing	
1005 160 2005 80 Provisional filing f	ee	1451	1,510	1451	1,510	Petition to in	stitute a public use proceeding	
SUBTOTAL (1)	(\$) 385 ⁻	1452	110	2452	55	Petition to re	vive - unavoidable	
		1453	1,330	2453	6 65	Petition to re	evive - unintentional	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Fee from		1501	1,330	2501	6 65	Utility issue	fee (or reissue)	
Extra Claims below Fee Paid Total Claims X = X =		1502	480	2502	240	Design issue	e fee	
		1503	640	2503	3 20	Plant issue f	fee	
Independent - 3** = X		1460	130	1460	130	Petitions to	the Commissioner	
Multiple Dependent		1807	50	1807	7 50	Processing t	fee under 37 CFR 1.17(q)	
Large Entity Small Entity Fee Fee Fee Fee Fee Descripti		1806	180	1806			of Information Disclosure Stmt	
Code (\$) Code (\$)	_	8021	40	8021	l 40	Recording ex property (time	ach patent assignment per nes number of properties)	
1202 18 2202 9 Claims in excess 1201 86 2201 43 Independent clai	ms in excess of 3	1809	770	2809	385	Filing a subr (37 CFR 1.1	mission after final rejection 29(a))	
	ent claim, if not paid	1810	770	2810	385	For each ad	ditional invention to be	
1204 86 2204 43 ** Reissue indep		4004	776	2004	300	•	7 CFR 1.129(b))	
over original pa		1801	770 900	2801 1802	385 900	•	r Continued Examination (RCE)	——
1205 18 2205 9 ** Reissue claim and over origin	s in excess of 20 al patent	1802	300	1 1002	900	of a design	r expedited examination application	
SUBTOTAL (2) (\$)			Other fee (specify)					
**or number previously paid, if greater, For Reissues, see above			iced by	Basic F	Filing F	ee Paid	SUBTOTAL (3) (\$)	

SUBMITTED BY			(Complete (if applicable))
Name (Print/Type)	ROGER BENNISON	Registration No. (Attorney/Agent)	Telephone 540 - 989 - 6945
Signature	down Koumson.		Date 11-20-03

WARNING Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and auth rization on PTO-2038.

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